

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>9405307</u>	FILING DATE <u>10/10/07</u>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
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TOTAL IND.	<u>2</u>							
TOTAL DEP.	<u>9</u>							
TOTAL CLAIMS	<u>11</u>							